

PRINT ALL ENTRIES. DO NOT WRITE IN SPACES MARKED **		CERTIFICATION OF LANGUAGE PROFICIENCY				1. LD NO. *
2. NAME (Last, First, Middle)		3. OFFICE OR DIV.	4. LANGUAGE	5. LANGUAGE CODE		
6. DATE OF TEST		7. ANNIVERSARY DATE *	8. GRADE	9. DATE OF BIRTH	10. TEST PURPOSE (Check one)	
11. TEST SCORES *	READING *	WRITING *	PRONUNCIATION *	SPEAKING *	UNDERSTANDING *	APPLY FOR AWARD ESTABLISH SKILL LEVEL
NOTE: Answer items 12 - 19 ONLY if you have checked award in item 10 above.						
12. LANGUAGE STUDY (Enter only for language listed in "4" above)		COURSE AND PLACE OF INSTRUCTION			FROM (Mo & Yr)	TO (Mo & Yr)
A. BEFORE ENTERING ON DUTY WITH THIS AGENCY						
B. AFTER ENTERING ON DUTY WITH THIS AGENCY OR SINCE PREVI- OUS TEST						
NOTE: In accordance with [REDACTED] awards are granted only for skills achieved or maintained since en- try on duty, or since 4 February 1957, whichever date is later.						
25X1A						
13.A. DID YOU HAVE YOUR PRESENT SKILL IN THIS LANGUAGE ON THE APPLICABLE DATE?						
B. IF YOUR ANSWER TO "A" IS NO DO YOU HAVE ANY ABILITY IN THIS LANGUAGE ON THAT DATE?						
14.A. WAS YOUR SKILL IN THIS LANGUAGE ACQUIRED THROUGH FAMILY ASSOCIATION?						
B. WAS YOUR SKILL IN THIS LANGUAGE ACQUIRED THROUGH RESIDENCE ABROAD?						
15.A. ARE YOU REQUIRED TO READ, WRITE AND/OR SPEAK THIS LANGUAGE IN PERFORMING YOUR DUTIES?						
B. IF YOUR ANSWER TO "A" IS NO DO YOU USE THIS LANGUAGE IN YOUR DUTIES, ALTHOUGH NOT REQUIRED TO DO SO?						
16. EXPLAIN IN DETAIL BY ITEM NO. EACH "YES" ANSWER ABOVE. (Use reverse side if necessary.)						
ITEM NO.						
17. DO YOU EXPEND ANY EFFORT TO RETAIN OR TO IMPROVE YOUR SKILL IN THIS LANGUAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO (If your answer is "yes" explain the kinds of activities in which you engage and the approximate off-hours time you spend on each of these activities each month.)						
18. GENERAL LOCATION AND DATES OF YOUR FIELD ASSIGNMENTS WITH THE AGENCY SINCE 4 FEBRUARY 1957 OR YOUR LAST TEST IN THIS LANGUAGE.						
19.	I CERTIFY TO THE ABOVE STATEMENTS	DATE	SIGNATURE OF APPLICANT			
20. REGISTRAR'S STATEMENT						
21. RECOMMENDATION OF CAREER BOARD						